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Atty Docket No. 016747-014810US

PTO FAX NO.: (703) 872-9306

ATTENTION: Examiner Coleman, Eric  
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Group Art Unit 2183

**OFFICIAL COMMUNICATION  
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EXAMINER COLEMAN, ERIC**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

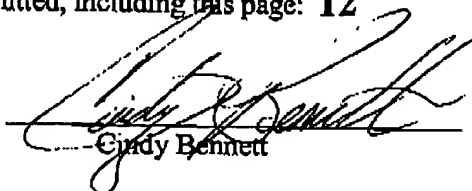
I hereby certify that the following document(s) in re Application of Rice, et al., Application No. 09/802,121, filed March 8, 2001 for PROCESSING ARCHITECTURE HAVING FIELD SWAPPING CAPABILITY is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Fee Transmittal (1 page);
2. Transmittal Form (1 page); and
3. Amendment (9 pages).

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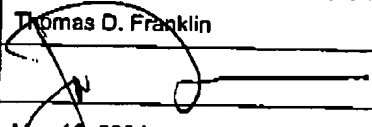
PTO/SB/21 (08-03)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number		09/802,121	
		Filing Date		March 8, 2001	
		First Named Inventor		Rice, Daniel S.	
		Art Unit		2183	
		Examiner Name		Coleman, Eric	
Total Number of Pages in This Submission		11	Attorney Docket Number		016747-014810US

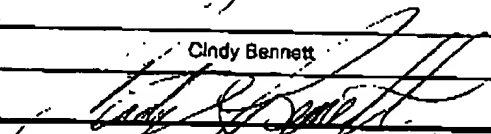
  

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

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